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ABSTRACT

Competence in interpersonal communication skills has been emphasized as a necessity among human service professionals and this emphasis has resulted in an increasing number of counseling psychology and counselor education programs including a course in interpersonal skills training as part of their curriculum. The purpose of this study was to explore whether participation in a counseling skills course can alter the trainees' self-efficacy beliefs such that they engage in these skills with greater confidence as measured by both trainees and instructors. Beginning master's level students (N=46) in counseling psychology were enrolled in a microcounseling laboratory course. Counseling trainees' self-efficacy appraisals and instructors' behavioral observations of the trainees were measured before and after their first masters level counseling skills course. The findings suggest that such training does make a difference in perceived self-efficacy. There was an increase in perceived self-efficacy for all skills and the perceived self-efficacy for those skills taught increased significantly more than for those skills not taught. These findings support the contention that the confidence level of students in performing counseling skills can be increased through training in general and through training in specific skills considered to be important by the counselor educator. The results also showed that males perceived higher levels of self-efficacy, both before and after the training, than did females. (NB)

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Self-Efficacy and Counseling Skills

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Abstract

This study assessed the effect of training in counseling skills on self-efficacy levels. The subjects were 46 master's level students in counseling psychology. Subjects were tested before and after training in a counseling laboratory setting.

Self-Efficacy and Counseling Skills

Competence in interpersonal communication skills has been emphasized as a necessity among human service professionals (Egan, 1986; Ivey & Authier, 1978). With this emphasis an increasing number of training programs within Counseling Psychology and Counselor Education are including a course in interpersonal skills training within their curriculum. While numerous training models exist, most seem to have derived from either Rogers' (1951) person-centered model, Ivey's (Ivey & Authier, 1978) microcounseling framework, Carkhuff's (1983) didactic-experimental approach or the behavioral modification paradigm. In fact, in Kurtz, Marshall and Banspach's (1985) 12 year review of the interpersonal skill training research, 43% of the studies examined programs that employed eclectic models of interpersonal skills training which combined concepts and procedures from a number of specific models.

Microskills training has been demonstrated to be effective with beginning counselors (Baker, Johnson, Kopola & Strout, 1985; Ivey & Authier, 1978; Kasdorf & Gustafson, 1978). The research examining interpersonal skill training has focused on either 1.) program evaluation, where a specific program's affected change in some designated interpersonal criterion was assessed; 2.) program comparison, where two or more training programs were compared; or 3.) component studies, where the effect of certain variables on skill acquisition was investigated (Kurtz, et. al., 1985). Surprisingly, few studies have investigated the effect of microskills training on the self-perception of the trainees themselves (Post-Kammer, 1984). A study by Johnson, Baker, Kopala, Kiselica, and Thompson (1989) examined self-efficacy and counselor competence in preparation training. This is important considering the extensive body of research supporting the assumption that

competent functioning requires both skills and self-beliefs of efficacy to use these skills effectively (Bandura, 1986). The purpose of the present study is to examine the effects of microskills training on the perceived self-efficacy of a group of beginning master's level students in Counseling Psychology.

Self-efficacy

Self-efficacy as defined by Bandura (1977, 1986) is a set of situationally specific beliefs held by individuals about their ability to perform specified behaviors so as to bring about specific outcomes. Self-efficacy theory stresses the role of cognitive factors in mediating behavior especially in terms of what people believe they are able to do. It is an extension and refinement of social learning theory (Bandura, 1977). In simplest terms the theory states that people will attempt behaviors which they believe that they can perform and will resist behaviors which they believe they cannot perform. It has also been demonstrated that individuals will attempt previously untried behaviors which they believe they are capable of performing more readily than they will behaviors which they believe they are incapable of performing. Thus, self efficacy can be used as a predictor of an individual's learning of new behavior.

Perceived self-efficacy is defined as individuals' appraisals of "...their capabilities to organize and execute courses of action required to attain designated types of performances" (Bandura, 1985, p. 391). Self-efficacy is not concerned with the skills one possesses. Bandura draws a definite distinction between outcome expectancy and self-efficacy expectancy. While outcome expectancy refers to the belief that a given behavior will or will not lead to a given outcome, self-efficacy expectancy refers to the belief that a person is capable or not capable of performing the behavior in question. Bandura

(1986) contended that self-efficacy percepts are the most powerful influence on initiation of a behavior, persistence in the face of frustration or failure, and emotional reactions during actual and anticipated transactions with the environment. In line with this assumption, the best predictor of behavior is believed to be the self-efficacy percepts of an individual with an adequate skill level.

Self-efficacy expectations are acquired, maintained and altered via four principle sources: performance attainments, vicarious experiences, verbal persuasion and physiological states. Of these four the first two are the most powerful influences on perceived self-efficacy. Performance attainments are based on authentic mastery experiences and are therefore the most influential source of efficacy information. Success experiences tend to raise self-efficacy appraisals, while repeated failures tend to lower them. The strength of existing self-perceptions determines the weight given to a new experience. For example, occasional failures within a specific domain will not strongly affect the self-efficacy appraisals of an individual who already has a strong sense of self-efficacy within this domain (Bandura, 1986).

Vicarious experiences involve observing people similar to oneself perform specific tasks. Observing similar people perform successfully can raise the observer's self-efficacy for similar behaviors. Likewise observing individuals similar to oneself fail at a task tends to lower one's own self-efficacy. Conditions under which self-efficacy appraisals are particularly sensitive to vicarious information include those where the observers are uncertain of their own capabilities, and therefore highly susceptible to modeled indicators of performance (Bandura, 1986).

Although limited in their power, verbal persuasion and physiologic states can contribute to an individual's self-efficacy appraisals. Verbal

persuasions that one possesses certain capabilities are likely to encourage recipients to mobilize their efforts to successfully complete a task. If this task is within realistic bounds, the resulting effort will likely result in a success experience as in increased self-efficacy. However if the task is not within reach, persuasory efficacy attributions may be only inviting failure and with it undermining both the recipient's perceived self-efficacy and the persuader's credibility to successful performance if the heightened appraisal is within realistic bounds (Bandura, 1986).

Finally, individuals rely, in part, on their physiologic responses to various situations in judging their capabilities. Most notably, individuals tend to associate somatic arousal in stressful situations as a sign of vulnerability to dysfunction. Consequently, individuals are more inclined to expect success when they are not debilitated by aversive arousal.

Simple exposure to sources of self-efficacy information does not guarantee that one's self-efficacy percepts will be altered. Cognitive processes mediate how external events are appraised and integrated into self-efficacy judgments. Bandura (1986) contended that cognitive appraisal of personal experiences is a function of both the sources of self-efficacy information attended to and the rules or heuristics employed by the individual for weighing and integrating this information into self-efficacy percepts. Many factors, including personal, social, situational and temporal affect how personal events are cognitively appraised. For example, "...the extent to which people will alter their perceived efficacy through performance experiences will depend upon, among other factors, the difficulty of the task, the amount of effort they expend, the amount of external aid they receive, the circumstances under which the perform, and the temporal pattern of their successes and failures" (Bandura, 1986, p. 401).

Self-efficacy as mediator of behavior change

Once formed, self-efficacy precepts function as cognitive mediators of behavior change. The significance of self-efficacy precepts as cognitive mediators of behavior change has been demonstrated in a number of studies in a variety of fields, including specific phobias (e.g., Bandura & Adams, 1977; Bandura, Adams & Beyer, 1977; Bandura, Adams, Harding & Howell, 1980; Bandura, Reese & Adams, 1982); career choice (Hackett & Betz, 1981); social skills deficits (Moe & Zeiss, 1982); smoking cessation (DiClemente, 1981); and math skill deficits (Bandura & Schunk, 1981). In general, the research examining self-efficacy and behavior change typically examines self-efficacy strength along a hierarchy of prescribed behaviors, measures the actual behavior along this hierarchy and then initiates a treatment intervention. Following treatment self-efficacy precepts and overt behaviors are again measured along the same hierarchy. The evidence supports the contention that given the necessary skills, individuals possessing greater self-efficacy precepts use these skills more effectively.

Given the evidence that the best predictor of behavior is an individual's self-efficacy precepts, it seems reasonable to hypothesize that counselor-trainees with greater self-efficacy with regard to microcounseling skills will perform these skills more readily. It is important to know if training in microcounseling skills facilitates the acquisition of greater self-efficacy among students. Support for the basic proposition that training does produce greater self-efficacy is found in the medical education literature. Margolies, Wachtel and Schmelkin (1986) examined medical student's perceived self-efficacy in psychiatric-based skills, i.e., psychosocial and psychiatric assessment tasks, before and after a medical behavioral science course where

some psychiatric skills were taught. Students completing this course during the end of their first year indicated greaqte: confidence in psychosocial assessment and treatment tasks than did entering first year students who had not yet had the course. It is significant to note that overt behavioral assessments of the students' psychiatric skills were not included in this study.

Self-efficacy and gender

Thus far the empirical investigations examining gender differences in perceived ability, expectations and self-efficacy within achievement situations report mixed findings. In 1977 Lenney challenged the then well-held belief that women display lower self-confidence than men in all achievement situations. Drawing from the existing literature, she concluded that situational variables influence the nature of gender differences in measuring self--confidence. Specifically, these variables include: 1) the nature of the specific task; 2) the availability of unambiguous information on one's abilities at a specific task, and 3) the presence and nature of social comparison or evaluation cues (Lenney, 1977). While extensive empirical support for the validity of these variables has been reported (Campbell & Hackett, 1986; Hackett & Campbell, 1987; Kimball & Gray, 1982; Lenney & Gold, 1982; McMahon, 1982), other studies have not supported these variables as influential in producing gender differences (Lent, Brown & Larkin, 1984, 1986; Sleeper & Nigro, 1987).

Within the field of Counseling, studies of gender differences in self-efficacy have primarily been found in the area of career development and have focused upon the relationship between self-efficacy and career choice, particularly with regard to non-traditional career choices for women (Campbell & Hackett, 1986; Hackett & Campbell, 1987; Lent, Brown & Larkin,

1984, 1986). In examining self-efficacy beliefs and academic success and perseverance among students considering science and engineering careers, Lent, Brown, and Larkin (1984, 1986) consistently found that greater perceived self-efficacy correlated with higher grades and longer persistence. No significant gender differences in perceived self-efficacy were found. This is most interesting considering that science and engineering are traditionally considered "male."

More recently, the contention that the nature of the task does influence gender differences in self-efficacy has been supported within the career development literature (Campbell & Hackett, 1986; Hackett & Campbell, 1987). Campbell and Hackett (1986) explored the effects of mathematical task success and failure on mathematical task self-efficacy among undergraduate psychology students and found that not only did task success lead to increased self-efficacy expectations but that women tended to be more strongly affected than men by both success and failure. They concluded that these gender differences were a function of the nature of the task, specifically that mathematics is often characterized as male-linked. In continuing this vein of research, Hackett and Campbell (1987) studied the effects of successful and unsuccessful task performance on a gender-neutral task. Although task completion and self-efficacy were positively correlated, an absence of gender differences was noted. They concluded that the failure to find gender differences in self-efficacy in a response to a gender-neutral task "...underscores the importance of the nature of the task to understanding the effects of performance on self-efficacy expectations" (Hackett & Campbell, 1987, p. 213).

Given these conflicting findings, it would appear that while a number of factors do in fact interact with self-efficacy expectations it is not yet clear

whether particular variables can specifically predict gender differences in perceived self-efficacy. Further research is needed to validate or quality Lenney's (1977) situational variables. What can be concluded, however, is that simply stating that women, in general, possess lower self-efficacy than males in all situations is oversimplified and inaccurate.

Relevant studies

Within the counseling literature studies investigating counselor-trainees' perceived self-efficacy are limited to those examining the relationship of trainees' self-efficacy to general expectations of supervision (Friedlander & Snyder, 1983) and effect of supervisor-trainee conflict on the trainee (Friedlander, Keller, Peca-Baker, & Olk, 1986). While studies directly investigating the effects of training on counselor trainees' perceived self-efficacy are nonexistent, the investigation of counselor-trainees' self-perceptions is not without precedent (Post-Kammer, 1984); she examined counseling students' self-perceptions as counselors before and after their first course in counseling skills. Using 12 bipolar adjectives from the semantic differential dimensions of evaluation, activity, and potency, she found that trainees' self-perceptions as counselors changed in a more positive direction on all three dimensions. Furthermore a significant correlation existed between the evaluative and activity dimensions. It seems that as trainees perceive themselves more positively as counselors, they also perceive themselves as more active in the counseling sessions. Although limited in its description of trainee behavioral changes, the study raises a critical question as to how a counseling skills course changed the self-perceptions of the trainees and also if these changed perceptions resulted in increased activity. The question becomes one of self-efficacy. Can participation in a counseling

skills course alter trainee's self-efficacy beliefs such that they engage in these skills with greater confidence as measured by both trainees and instructors? The current study examined counseling trainees self-efficacy appraisals as well as instructors' behavioral observations of these trainees before and after their first masters level counseling skills course.

METHOD

Participants

Participants (N=46) were beginning master's level students in a Counseling Psychology program in a large Midwestern university. All participants were enrolled in a beginning master's level microcounseling lab course which drew heavily from the training model of Ivey and Authier (1978). They were 37 caucasian female and 9 caucasian males.

Instruments

The Counselor Skills Inventory (CSI) was developed for this study. Two forms were developed, one for trainees and one for lab instructors. The trainee form has two parts. The first part asks trainees to indicate whether they believe they have the ability to execute each of 32 counseling skills, and then to specify their confidence in their ability to perform these skills effectively on a 1 to 10 scale ("not confident" to "completely confident"). Scores range from 1 to 320 with higher ratings reflecting stronger self-efficacy expectations.

The second part of the trainee form asks trainees to indicate their belief in the utility of each of the same 32 skills for achieving a desirable counseling outcome by rating each skill on a 1 to 10 scale ("not very useful" to "very useful"). Scores ranged from 1 to 320 with higher ratings reflecting a

stronger belief in the utility of the skills taught in the microcounseling lab course.

The lab instructor form asked instructors to indicate their belief in the ability of an identified student to execute each of the same 32 listed skills on a 1 to 10 scale ("cannot perform" to "exemplary performance"). The 32 skills identified in each of these instruments were derived from the interpersonal skills training models of Carkhuff & Anthony (1979) , Egan (1986), Ivey & Authier (1978), and Rogers (1951). See Table 1 for a list of skills.

Procedure

Subjects were administered the trainee form at the onset of their first microcounseling skills training course. They then participated in a 14 week microcounseling lab course where three clusters of skills were taught using a microcounseling format similar to Ivey and Authier's (1978). Following completion of the course students were again asked to complete the trainee form. At that time instructors also competed an instructor form for each student.

RESULTS

Hypothesis 1

Hypothesis 1; No significant differences exist between male and female levels of self-efficacy after completion of microcounseling training.

Using mean scores for the dependent variables PRECONFIDENCE and POSTCONFIDENCE, an analysis of variance was conducted with GENDER as the independent variable. The results of the analysis revealed one significant main effect for POSTCONFIDENCE by GENDER $F(1,45)$ $p < .017$; there were no significant interactions. A simple comparison of the cell scores indicated that

a marked increase in mean scores for the males and females occurred during the time interval between the PRECONFIDENCE and POSTCONFIDENCE measures. The PRECONFIDENCE mean for the females was 4.49, while for the males the mean was 5.42. The POSTCONFIDENCE mean for the females was 5.57 while for the males the mean was 7.17. It is apparent that the males reported higher levels of self-efficacy at the time of the pretests as well as at the time of the posttests. Additionally, the males exhibited a greater magnitude in the change of mean scores between the pre and post measures. Given the significant main effect for the POSTCONFIDENCE scores between the groups, and the directional change in Xs over the semester, it is believed the data support the interpretation that the completion of microskills training has differential effects on the level of self-efficacy for GENDER. Therefore, hypothesis 1 was rejected. However, it is urged that these results be interpreted with caution due to the small number of males included in the sample.

Hypothesis 2

Hypothesis 2: No significant differences exist in the strength of counselor trainees' self-efficacy expectations following completion of a microcounseling lab course as compared to pretest scores.

A t test for correlated samples was conducted (pre and posttest confidence levels). The PRECONFIDENCE mean score for males and females was 4.67. The POSTCONFIDENCE mean score for males and females was 6.03. The t score was -5.49 (45 df) with a probability of $< .001$. Thus, the discrepancy between the values of the pretest and posttest mean scores led to hypothesis 2 being rejected. A possible interpretation of these results is that completion of a microcounseling lab course has a positive effect on the self-efficacy level of master degree counselor trainees. In other words, counselor trainees are more

self-efficacious about their ability to execute counseling skills after completing a microcounseling lab course than they are at the beginning of the course.

Hypothesis 3

Hypothesis 3: No significant differences exist in counselor trainee levels of self-efficacy for skills that were taught in class and skills that were not taught in class.

The t tests were conducted on the posttests which compared the students' confidence levels for the counseling skills that were taught against those skills that were not taught during the course. As expected, the mean score for the skills taught was higher than the mean score for the skills not taught. The mean for the skills taught was 7.01, while the mean score for the skills not taught was 5.65. The t score was 6.87 (45 df) and was significant with a probability of $p < .001$. Therefore, hypothesis 3 was rejected.

Hypothesis 4

Hypothesis 4: No significant differences exist between the counseling lab instructors ratings of students' abilities to execute 32 counseling skills and the students' level of confidence in performing those skills.

A correlation analysis was conducted to examine the degree of association between INSTRUCR ratings and students' ratings of abilities (POSCON). The results showed a nonsignificant correlation of .115 between POSCON and INSTRUCR ratings. Thus, hypothesis 4 failed to be rejected.

DISCUSSIONS AND IMPLICATIONS

The most significant implication of this study is that training does make a difference in perceived self-efficacy. This occurred in two ways. First, there was an increase in perceived self-efficacy for all skills, whether or not they had been taught. Second, the perceived self-efficacy for those skills taught increased significantly more than for those skills not taught. These findings support the contention that the confidence level of students in performing counseling skills can be increased through training in general and through training in specific skills considered to be important by the counselor educator. It can be contended that confidence is a significant variable in actual counseling performance. Therefore, students who have a higher level of self-efficacy as a result of training should perform more effectively than students who have not received training. These findings are similar to those of Johnson et al. (1989).

The second important finding was that males perceive higher levels of self-efficacy, both pre and post training than do females. This finding must be viewed with caution, as the number of males in the sample was small. The reason for this finding is not made clear by the data in this study. It may be that men are socialized to make more positive statements than are women. Men also may be more decisive than women. Support for this interpretation can be found in Gilligan (1982), who suggested that women's decision making process is more complex than men's. She further asserted women are socialized to be more self-effacing than men.

CONCLUSION

These findings support the value of laboratory training for counseling standards. Such training is widely practiced but generally unresearched.

Counselor educators can do much to prepare students to work effectively with real clients through the use of such experiences in training programs.

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Table 1

Counselor Skills

1. Attentive Body Posture
2. Maintain Eye Contact
3. Vocal Qualities
4. Verbal Following
5. Minimal Encouragers
6. Observe Client Nonverbals
7. Open Ended Questions
8. Closed Ended Questions
9. Summarization
10. Intention Nonattending
11. Paraphrase
12. Provide Feedback
13. Self-disclosure
14. Build Rapport and Provide Structure
15. Provide Information
16. Respond to Affect
17. Assumptions
18. Reframe
19. Use of Self
20. Role Model
21. Reflection of Meaning
22. Focusing
23. Directive
24. Logical Consequences
25. Recognize Incongruities
26. Confrontation
27. Concreteness
28. Immediacy
29. Unconditional Positive Regard
30. Authenticity
31. Empathy
32. Skill Integration